



Kansas Department of Health and Environment

Nursing Facilities Program

Volume XVI, Number 3

July 1995

In this issue....

- ✓ Enforcement Regulations
- ✓ Changes in the Survey Process
- ✓ Resident Assessment Instrument
- ✓ RAI Training
- ✓ Senate Bill 8
- ✓ New Statute - Delegation of Nursing Procedures
- ✓ Home Health Aide Certification
- ✓ Certified Nurse Aide Renewal Requirements
- ✓ Quality Improvement Program
- ✓ Resources for Quality Care

Enforcement Regulations - Implementation of New Survey Process

The Health Care Financing Administration (HCFA) plans to implement new enforcement regulations on July 1, 1995. Changes in the enforcement process were mandated by the Nursing Home Reform Act passed by Congress in 1987. **NOTE:** These changes affect all Medicaid/Medicare certified nursing facilities including nursing facilities for mental health and long term care units in hospitals. These changes **do not** affect licensed only nursing facilities, licensed only long term care units in hospitals and intermediate care facilities for mental retardation.

The goals of the revised nursing home survey process and enforcement changes are to:

- Motivate facilities to remain in compliance
- Ensure equitable and consistent enforcement
- Link appropriate remedy to deficiencies
- Create no unnecessary process
- Develop survey systems that incorporate changes made by the enforcement regulations
- Improve efficiency of survey process and focus surveys more effectively

The revised survey process operates on the principle that facilities have the responsibility to ensure their own compliance through an effective quality assessment and assurance program. Facilities must have in place a system to identify care problems and resolve those problems by developing methods which ensure quality of life and quality of care for all residents. The enforcement process will focus on the small number of facilities who do not attempt to remain in compliance. Enclosed with this *Fact Sheet* is a copy of a brochure developed by HCFA to explain the enforcement process.

Surveyors will receive training on the new survey process the last week in June. KDHE will cooperate with provider organizations in educating facility staff about these changes.

The *Fact Sheet* is published by the Kansas Department of Health and Environment.

Bill Graves, Governor
James J. O'Connell, Secretary
Bureau of Adult and Child Care
900 SW Jackson, Suite 1001
Landon State Office Building
Topeka, Kansas 66612-1290
(913) 296-1240

Changes in the Survey Process

The revised survey process includes changes in the entrance conference and information requested by the surveyors. A final issuance of the revised survey procedure will not be released by HCFA until the middle of July. The following information contains the major changes which will affect facility staff during a survey.

Entrance Conference - The team will introduce themselves to the administrator. The team coordinator will conduct the entrance conference while other team members proceed to the Initial Tour. The information requested within one hour of conclusion of the Entrance Conference has been expanded. The additional items include:

- (1) Name and location of persons responsible for quality assessment and assurance and health information management professional.
- (2) List of admissions during the past month, and a list of residents transferred or discharged during the past three months.
- (3) A list of residents who have elected the hospice benefit and are currently receiving hospice care from an outside agency.
- (4) A copy of the facility admission contract.
- (5) A list of residents who receive dialysis services within the facility.
- (6) The names of residents age 55 and below.
- (7) The names of residents who communicate with non-oral communication devices, sign language, or who speak a language other than the dominant language of the facility.
- (8) Evidence that the facility, on a routine basis, monitors accidents and other incidents, records these in the clinical or other record; and has in place a system to prevent and/or minimize further accidents and incidents. NOTE: This evidence could be a record of accident and incident reports.

Within 24 hours of the Entrance conference, the facility will provide the following information:

- procedures to ensure water is available to essential areas when there is a loss of water supply;
- which, if any, rooms have less square footage than required;
- which, if any, bedrooms are not at or above ground level;
- which, if any, rooms are occupied by more than four residents;
- is there at least one window to the outside in each room;
- do all bedrooms have access to an exit corridor?

At the conclusion of the Entrance Conference, the team coordinator will give the administrator a copy of the OSCAR 3 and 4 reports. The OSCAR 3 report provides information on the deficiencies cited in the three previous surveys. OSCAR 4 report is specific to the deficiencies cited in the most recent survey.

Quality Assessment and Assurance (QA&A) - The revised survey process operates on the principle that facilities have a responsibility for developing and implementing an effective quality assessment and assurance process. Surveyors will review the results of the program. The facility must provide evidence that the QA&A committee has met at least quarterly. Staff will be interviewed by surveyors to ascertain whether or not the QA&A committee has a formal method for identifying care issues, a method for responding to these issues and a system to evaluate the effectiveness of the response.

Surveyors will not ask to see minutes of the meetings. Surveyors may ask to see a written description of the QA&A process or that protocols have been implemented. This documentation could include revised policies and procedures. Surveyors will interview staff to determine that the facility has implemented the revised policies and procedures.

Again, it must be emphasized that these changes place the responsibility for quality assessment and assurance on the facility. It is the responsibility of the facility to be in compliance with **all** regulations at all times and to ensure that the care provided meets standards of practice.

Roster/Sample Matrix

Attached to this *Fact Sheet* is the new Roster/Sample Matrix form. Facilities are asked to review the form and the accompanying instructions. Note that the instructions are specific to the appropriate letters or check marks to be placed in each box on the grid. The form is to be completed by facility staff at the end of the initial tour. Surveyors will also provide the facility administrator with a form listing items which are required at various times during the survey process. A copy of this form is attached.

Resident Assessment Instrument

The Health Care Financing Administration (HCFA) has developed a revised version of the Minimum Data Set known as the MDS 2.0. The final version of the form and manual are expected to be published in the near future. In addition, HCFA is completing work on regulations which will require electronic submission of the MDS 2.0 by all Medicare/Medicaid certified facilities. This requirement is anticipated to be effective in late 1996.

It has been decided that Kansas will request a delay in implementation of the MDS 2.0 as the state mandated instrument until January 1, 1997. HCFA is in the process of developing software to be used by states in transmitting data to the national data base. This software will not be available until fall of 1996. The delay will allow Kansas to implement the MDS 2.0 at the same time the electronic transmission of the MDS data is required by HCFA. This action will create a significant cost savings to the state and to long term care facilities participating in the Medicare/Medicaid programs.

RAI Training

The Kansas Department of Health and Environment, in cooperation with the Kansas Health Care Association and the Kansas Association of Homes and Services for the Aging, will co-sponsor two interactive video conferences on the Resident Assessment Instrument. The conferences will be available at seven sights across the state. Morning and afternoon sessions will be offered. One conference will be held this summer and another in late fall. Brochures related to these conferences will be mailed to all long term care facilities by the Kansas Health Care Association in late June.

The first hour of the video conference in July will be devoted to issues specific to the MDS+. Content will include information on frequently identified problems in completion of the MDS+ form. Participants will be provided the opportunity to ask specific questions. The last two hours of the video conference will be devoted to the Resident Assessment Protocol (RAP) system. Participants should bring a copy of the MDS+ manual. A case study will be used to demonstrate the RAP process.

Senate Bill 8

The definitions for several categories of adult care homes change on July 1 as the result of enactment of Senate Bill 8. Regulations for these categories will be developed in the near future. It will take several months to process these regulations through the regulatory approval process. The department will use the statutes in Senate Bill 8 and applicable regulations and statutes which apply to all adult care homes during the interim. Senate Bill 8 established the following new licensure categories of adult care homes: assisted living facilities, residential health care facilities, home plus, adult day care facilities

and boarding care facilities. The department has requested input from the Adult Care Home Advisory Group and others on the development of these future regulations.

New Statute on Delegation of Nursing Procedures

The statute related to designation of nursing procedures to unlicensed personnel was amended by the 1995 Kansas legislature. This change in statute does not affect the role of medication aides. The nurse practice act provides for the administration of medications by medication aides in adult care homes and long term care units of hospitals in the exemption section. Therefore, delegation of medications to unlicensed persons by a licensed nurse does not apply in adult care homes and long term care units of hospitals. Nursing procedures other than administration of medications may be delegated to nurse aides and medication aides in these facilities.

Senate Bill 151, New Section 7, reads as follows:

New Sec. 7. (a) All nursing procedures, including but not limited to administration of medication, delegated by a licensed nurse to a designated unlicensed person shall be supervised. The degree of supervision required shall be determined by the licensed nurse after an assessment of appropriate factors which may include:

- (1) The health status and mental and physical stability of the individual receiving the nursing care;
- (2) the complexity of the procedure to be delegated;
- (3) the training and competency of the unlicensed person to whom the procedure is to be delegated; and
- (4) the proximity and availability of the licensed nurse to the designated unlicensed person when the selected nursing procedure will be performed.

(b) As used in this section, "supervision" has the meaning ascribed to such term under subsection (a) of K.S.A. 1994 Supp. 65-1136 and amendments thereto.

(c) This section shall be part of and supplemental to the Kansas nurse practice act.

Allied Health Option for 20-Hour Home Health Aide Certification

Nursing students are eligible to take the state written 20-hour Home Health Aide examination if they complete the following:

1. Become certified as a Kansas nurse aide by completing the nurse aide training course or submitting an Allied Health Verification Form and successfully completing the Kansas Certified Nurse Aide Examination.
2. Submit a completed Allied Health Verification Form for 20-hour Kansas Home Health Aide Certification.
3. Submit the required \$10 certification application fee.
4. Submit documentation of social security identification.
5. Submit an official copy of school transcripts.

Any questions may be directed to Stacey Hawley, Health Occupations Credentialing (913) 296-1284.

Certified Nurse Aide Renewal Requirements

Kansas State Department of Education coordinates the initial training programs for certified medication aides in Kansas. Courses are sponsored primarily by area vocational/technical schools and community colleges. Candidates must be Kansas

Certified Nurse Aides prior to enrolling in a CMA course. Once the course work is completed and the candidate successfully completes the state certified medication aide examination, the educational institution issues a certificate of completion and a letter from Health Occupations Credentialing/KDHE instructing the newly certified medication aide to complete at least ten (10) hours of continuing education in the form of a KDHE-approved Certified Medication Aide Update Course within 24 months (two years) of receiving certification.

It is the responsibility of the CMA to acquire the necessary credits in order for a renewal certificate to be issued. KDHE receives and records the rosters of the approved courses. This information is added to the database. The CMA must submit a \$10 renewal fee in order for a new certificate to be generated.

Health Occupations Credentialing is instituting efforts to further assure quality training and credentialing of certified aides. One step toward providing consistency and compliance with the state regulations governing the certification of medication aides is to **limit renewals to those CMAs who have completed the required 10 hours of update course work within the 24 months subsequent to their initial or renewal date. This policy will be enforced as of July 1, 1995. No extensions or pro-rating will be allowed.**

In order for those CMAs who have already lapsed to come into compliance, there will be a **one-time period of six months** allowed (until January 1, 1996) for anyone with a lapsed CMA recertification to complete the required 10 hours. After January 1, 1996, any CMA who has not completed 10 hours of KDHE-approved Medication Aide Update course work will be required to re-take the entire CMA course. Please provide this information to appropriate staff. Further information will be submitted to associations and the educational institutions.

Direct any questions to Lesa Bray, RN, Director of Health Occupations Credentialing, (913) 296-0056.

Quality Improvement Program

Sue Robbins, RN, has accepted the position of Director of the Quality Improvement Program in BACC. Prior to accepting this position, Ms. Robbins was the Quality Improvement Coordinator and a facility surveyor for the Wichita region. Ms. Robbins will be starting her new position sometime in August.

Resources for Quality Care

- "Maximizing the Role of Nutrition in Diabetes Management"

Highlights of a Clinical Education program developed by the American Diabetes Association and the American Dietetic Association. The Diabetes Control and Complications Trial (DCCT) concluded that optimal blood glucose control delays the onset and progression of diabetes complications. Medical Nutrition Therapy (MNT) is essential to obtain optimal control. Nearly half of type II diabetes occurs in people over 65. Order from the American Diabetes Association, Payment Center, 1970 Chain Bridge Rd, McLean Va 22109, members \$17.95 non-members \$21.95 plus \$3.00 shipping.

- "Drug-Nutrient Interactions in Long-Term-Care Facilities" *Journal of the American Dietetic Association* March 1995; 95:309-315.

Patients in long-term-care facilities who consume multiple medications are at notable risk for certain drug nutrient interactions (DNIs). Efforts need to be made to ensure appropriate pharmacologic and nutrition therapies as well as adequate and timely monitoring of residents. Dietitians can play an important role in training other health professionals and in designing policies to prevent DNIs.

- New Clinical Practice Guidelines Released

The Agency for Health Care Policy and Research has released clinical practice guidelines for treatment of pressure sores and

management of cancer pain. Single copies can be obtained by calling 1-800-358-9295.

- Resource for Activity Programs

A resource for activity programs is a publication produced in Colorado called *Creative Forecasting*. This journal contains ideas for small and large group activities appropriate for residents in nursing facilities. There are specific articles for activities for residents with dementia. For information about this journal, contact Creative Forecasting, Inc., 2607 Farragut Circle, Colorado Springs, CO 80907.

- Recent Professional Articles on Falls and End-Stage Alzheimer's Disease

Callahan, S. (1995). The dilemma of feeding end-stage Alzheimer patients. *The American Journal of Alzheimer's Disease*, 10(3), 7-14.

This article uses a case study to discuss the ethical issues and care-giver responsibilities related to feeding of a resident with end-stage Alzheimer's disease.

Galindo-Ciocon, D., Ciocon, J., and Galindo, D. (1995). Gait training and falls in the elderly. *Journal of Gerontological Nursing*, 21(6), 11-17.

Gait function improved and the number of falls decreased in a facility which developed a gait training program. This article describes the program and includes the assessment instrument used by the staff.

ANE ISSUE STATISTICS 3/1/95 to 5/31/95				
Total Complaint Calls Assigned for Investigation - 555				
<u>ANE Investigations</u>		<u>Care Issues Investigated</u>		
Total	134	Total	421	
March	54	March	149	
April	39	April	123	
May	41	May	149	
Alleged Perpetrators - Administrative Review				
	Total Cases	Pending	Declined	Referred
ACH Admin.	3	0	0	3
RNs	9	0	0	9
LPNs	3	1	0	2
CNAs/CMAs	31	0	5	26
MD	1	0	0	1
Pharmacists	0	0	0	0
LMHTs	1	0	0	1
Administrative Hearings on CNAs/CMAs				
Held	19			
Confirmed	10			
Unconfirmed	7			
Pending Decision	2			
Appeal	0			

*Licensure Category	Civil Penalties				Correction Orders			
	1st	2nd	3rd	4th	1st	2nd	3rd	4th
Inadequate or inappropriate hygiene and skin care	1				15			
Inadequate or unqualified staffing	2				3			
Inoperable or inaccessible call system	-				1			
Inappropriate or unauthorized use of restraints	-				17			
Unsafe medication administration or storage	3				7			
Inadequate nursing services other than skin care	3				13			
Inadequate or inappropriate asepsis technique	-				6			
Inadequate or inappropriate dietary/nutritional services	1				6			
Unsafe storage of hazardous or toxic substances	-				2			
Failure to maintain equipment	-				2			
Resident right violations	1				3			
Unsafe high water temperature	-				3			
Inadequate hot water	-				-			
General sanitation and safety	-				4			
Other (including inappropriate admission)	-				2			
Inadequate rehabilitation services	-				-			
Civil Penalties	8							
Correction Orders					37			
Bans on Admission	3							
Denials	1							

* A correction order or civil penalty may consist of multiple issues summarized within the licensure categories above.